We claim:

1. A method of promoting an HIV-1 specific immune response in a patient having an HIV-1 infection in need of such promoting which comprises administering to such patients an effective amount of interferon alfa.

2. The method of claim 1 wherein the patient is a treatment-experienced patient.

3. The method of claim 1 wherein the patient is a treatment-experienced patient who has discontinued an anti-HIV-therapy.

4. The method of claim 1 wherein the patient is a treatment-experienced patient who has discontinued HAART.

5. The method of claim 1 wherein the patient is a treatment-naive patient.

6. The method of claim 1, wherein the interferon-alfa administered is interferon alfa-2a , interferon alfa-2b, pegylated interferon alfa-2a or pegylated interferon alfa-2b

7. A method of promoting an HIV-1 specific immune response to in a patient having an HIV-1 infection in need of such promoting which comprises administering to such patients an effective amount of pegylated interferon alfa.

8. The method of claim 7 wherein the patient is a treatment-experienced patient.

9. The method of claim 7 wherein the patient is a treatment-experienced patient who has discontinued an anti-HIV-therapy.

10. The method of claim 7 wherein the patient is a treatment-experienced patient who has discontinued HAART.

11. The method of claim 7 wherein the patient is a treatment-naive patient.

12. The method of claim 7, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2a or pegylated interferon alfa-2b.

13. The method of claim 7, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 0.5 to about 3.0 micrograms per kilogram of pegylated interferon-alfa-2b once a week .

14. The method of claim 7, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 0.75 to about 1.5 micrograms per kilogram of pegylated interferon-alfa-2b administered once a week.

15. The method of claim 7, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 1.5 micrograms per kilogram of pegylated interferon-alfa-2b administered once a week.

16. The method of claim 7, wherein the pegylated interferon-alfa administered is a pegylated interferon alfa-2a and the effective amount of pegylated interferon alfa-2a administered is in the range of about 50 to about 500 micrograms per week.

17. The method of claim 7, wherein the pegylated interferon-alfa administered is a pegylated interferon alfa-2a and the effective amount of pegylated interferon

alfa-2a administered is in the range of about 180 to about 250 micrograms per week.

18. A method of promoting HIV-1- specific T-cell activity in a patient having an HIV-1 infection who has discontinued anti-HIV therapy which comprises administering to such a patient an amount of interferon alpha for a time sufficient to lower HIV-RNA plasma level of the patient to a level below the patient's HIV-RNA plasma level prior to initiation of the anti-HIV-therapy.

19. The method of claim 18 wherein the anti-HIV-therapy is HAART.

20. The method of claim 18, wherein the interferon-alfa administered is interferon alfa-2a , interferon alfa-2b, pegylated interferon alfa-2a or pegylated interferon alfa-2b

21. The method of claim 18 which further comprises re-initiating administering an effective amount of an anti-HIV therapy for a time sufficient to lower HIV-RNA plasma levels below the detectable limit.

22. The method of claim 21 which further comprises discontinuing anti-HIV therapy and administering to such a patient an amount of interferon alpha for a time sufficient to lower HIV-RNA plasma level of the patient to a level below the patient's HIV-RNA plasma level prior to initiation of the anti-HIV-therapy.

23. The method of claim 22 which further comprises re-initiating administering an effective amount of an anti-HIV therapy for a time sufficient to lower HIV-RNA plasma levels below the detectable limit(50 HIV-RNA copies per mL of plasma).

24. The method of claim 22 which further comprises discontinuing anti-HIV therapy and administering to such a patient an amount of interferon alpha for a

time sufficient to lower HIV-RNA plasma level of the patient to a level below the patient's HIV-RNA plasma level prior to initiation of the anti-HIV-therapy.

25. A method of promoting HIV-1- specific T-cell activity in a patient having an HIV-1 infection who has discontinued anti-HIV therapy which comprises administering to such a patient an amount of pegylated interferon alpha for a time sufficient to lower HIV-RNA plasma level of the patient to a level below the patient's HIV-RNA plasma level prior to initiation of the anti-HIV-therapy.

26. The method of claim 25 wherein the anti-HIV-therapy is HAART.

27. The method of claim 25, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2a or pegylated interferon alfa-2b.

28. The method of claim 25 which further comprises re-initiating administering an effective amount of an anti-HIV therapy for a time sufficient to lower HIV-RNA plasma levels below the detectable limit(50 HIV-RNA copies per mL of plasma).

29. The method of claim 25 which further comprises discontinuing anti-HIV therapy and administering to such a patient an amount of pegylated interferon alpha for a time sufficient to lower HIV-RNA plasma level of the patient to a level below the patient's HIV-RNA plasma level prior to initiation of the anti-HIV-therapy.

30. The method of claim 25 which further comprises re-initiating administering an effective amount of an anti-HIV therapy for a time sufficient to lower HIV-RNA plasma levels below the detectable limit(50 HIV-RNA copies per mL of plasma).

31. The method of claim 25 which further comprises discontinuing anti-HIV therapy and administering to such a patient an amount of pegylated interferon alpha for a time sufficient to lower HIV-RNA plasma level of the patient to a level

below the patient's HIV-RNA plasma level prior to initiation of the anti-HIV-therapy.

32. The method of claim 25, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 0.5 to about 3.0 micrograms per kilogram of pegylated interferon-alfa-2b once a week .

33. The method of claim 25, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 0.75 to about 1.5 micrograms per kilogram of pegylated interferon-alfa-2b administered once a week.

34. The method of claim 25, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 1.5 micrograms per kilogram of pegylated interferon-alfa-2b administered once a week.

35. The method of claim 25 wherein the pegylated interferon-alfa administered is a pegylated interferon alfa-2a and the effective amount of pegylated interferon alfa-2a administered is in the range of about 50 to about 500 micrograms per week.

36. The method of claim 25, wherein the pegylated interferon-alfa administered is a pegylated interferon alfa-2a and the effective amount of pegylated interferon alfa-2a administered is in the range of about 180 to about 250 micrograms per week.

37. A method of promoting HIV-1-specific T-cell activity in a patient having an HIV-1 infection which comprises administering to such a patient an effective

amount of interferon alpha in association with an effective amount an anti-HIV therapy for a time sufficient to effect such promoting.

38. The method of claim 37 wherein the HIV-1-specific T-cells are cytotoxic T-lymphocytes.

39. The method of claim 37 wherein the anti-HIV-therapy is HAART

40. The method of claim 37, wherein the interferon-alfa administered is interferon alfa-2a , interferon alfa-2b., consensus interferon-alfa, pegylated interferon alfa-2a or pegylated interferon alfa-2b.

41. A method of promoting HIV-1-specific T-cell activity in a patient having an HIV-1 infection which comprises administering to such a patient an effective amount of pegylated interferon alpha in association with an effective amount an anti-HIV therapy for a time sufficient to effect such promoting.

42. The method of claim 41 wherein the HIV-1-specific T-cells are cytotoxic T-lymphocytes.

43. The method of claim 41 wherein the anti-HIV-therapy is HAART

44. The method of claim 43, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2a or pegylated interferon alfa-2b.

45. The method of claim 41, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 0.5 to about 3.0 micrograms per kilogram of pegylated interferon-alfa-2b once a week .

46. The method of claim 41, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 0.75 to about 1.5 micrograms per kilogram of pegylated interferon-alfa-2b administered once a week.

47. The method of claim 41, wherein the pegylated interferon-alfa administered is pegylated interferon alfa-2b and the effective amount is in the range of about 1.5 micrograms per kilogram of pegylated interferon-alfa-2b administered once a week.

48. The method of claim 41, wherein the pegylated interferon-alfa administered is a pegylated interferon alfa-2a and the effective amount of pegylated interferon alfa-2a administered is in the range of about 50 to about 500 micrograms per week.

49. The method of claim 41, wherein the pegylated interferon-alfa administered is a pegylated interferon alfa-2a and the effective amount of pegylated interferon alfa-2a administered is in the range of about 180 to about 250 micrograms per week.